



EMPLOYMENT APPLICATION

Maryland Transit Administration

William Donald Schaefer Tower
6 Saint Paul Street, 5th Floor
Baltimore, Maryland 21202-1614

Today's Date: ____/____/____
(mm dd yy)

FOR HUMAN RESOURCES DEPARTMENT USE ONLY – DO NOT WRITE IN THIS SPACE

(Circle One Below)

Training Certified

Class Code: _____

Reason Not Certified: _____

Not Certified

Reviewed By: Initials: _____

Date Reviewed: _____

INSTRUCTIONS TO APPLICANT:

Please **PRINT** and **FILL OUT** completely. Illegible information or omissions may result in an application being rejected. False, erroneous, or misleading answers or statements may be cause for rejection of application or discharge from MTA service. Resumes cannot be substituted in place of this application.

(NOTE: If more space is required to present additional information for any section below, please attach.)

Position Applied for: _____ Social Security No. ____ - ____ - ____
(A separate application is required for each classification or position for which application is filed.)

Applicant's Name: _____
Last Name First Name Middle Name

Address: _____
Number and Street or R.F.D.

City State Zip Code

Home Phone: () ____ - ____ Work Phone: () ____ - ____ Cell Phone: () ____ - ____

Email Address: _____ Other Names Used: (i.e., Maiden Name, etc.) _____

A. EDUCATION, SKILLS AND QUALIFICATIONS

1. High School or GED Education:

Did you graduate from high school or have you obtained a GED? (Circle One) YES NO If YES, provide the following information:

High School's Name: _____

High School's Address: _____

Year of Graduation or Received GED: _____ If you answered NO, circle the highest grade completed: 8 9 10 11 12

2. College/University Education: List most recent college education below.

Name of College/University: _____ Dates Attended: From _____ To _____

Address: _____

Major: _____ Degree Title: _____

Number of Credit Hours Completed: _____ Year Degree was Received: _____

3. Training: List any trade and technical courses, or instruction you have completed.

Trade or Technical School's Name and Address	Course Title	Completed? (YES or NO)	Certificate Awarded Title	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Additional Skills and Qualifications: To help the MTA evaluate your qualifications for this position, please list any additional information (e.g. special skills, computer skills and programs, licenses, etc.), and the level of proficiency (e.g. basic, intermediate or advanced).

5. Foreign Languages: Please list all foreign languages you can speak, and the skill level for each (e.g. basic, intermediate or advanced).

B. EMPLOYMENT HISTORY

Beginning with the most recent history, please list all experience, including armed forces, different jobs within the same organization, pertinent volunteer work, and part-time employment. Report your most recent work experience first. Please note that all statements and all references are subject to investigation and verification. All appointments are subject to satisfactory reference investigation.

1. Company Name: _____ Supervisor's Name: _____
Date: From _____ To _____ Total: Years _____ Months _____ Telephone Number: _____
(mm/yy) (mm/yy)

Address/City/State: _____

Job Title and Specific Duties: _____

Salary: _____ Year or Hour (*Circle One*) Number of Hours Worked Per Week: _____ Number of Persons Supervised: _____

Reason For Leaving: _____

2. Company Name: _____ Supervisor's Name: _____
Date: From _____ To _____ Total: Years _____ Months _____ Telephone Number: _____
(mm/yy) (mm/yy)

Address/City/State: _____

Job Title and Specific Duties: _____

Salary: _____ Year or Hour (*Circle One*) Number of Hours Worked Per Week: _____ Number of Persons Supervised: _____

Reason For Leaving: _____

3. Company Name: _____ Supervisor's Name: _____
Date: From _____ To _____ Total: Years _____ Months _____ Telephone Number: _____
(mm/yy) (mm/yy)

Address/City/State: _____

Job Title and Specific Duties: _____

Salary: _____ Year or Hour (*Circle One*) Number of Hours Worked Per Week: _____ Number of Persons Supervised: _____

Reason For Leaving: _____

C. RELATIVES EMPLOYED BY THE MTA OR MDOT MODAL

If you have any relatives employed at the MTA or another MDOT modal/agency, please provide the requested information below.

Note: A relative is defined as husband, wife, brother, sister, mother, father, grandparent, cousin; and in-law or step relatives as previously defined.

Relative's Name: _____ Relationship: _____ Modal/Agency: _____
(Last Name, First Name)

Relative's Name: _____ Relationship: _____ Modal/Agency: _____
(Last Name, First Name)

D. PREVIOUS MTA or MDOT EMPLOYMENT

Have you previously applied for a MTA or another MDOT modal/agency position, or have you been previously employed by either? _____

If YES, provide information:

<u>Dates of Employment or Date Applied</u>	<u>Agency</u>	<u>Department/Position</u>
Employed From _____ to _____ or Date Applied _____	_____	_____

E. DRIVING LICENSE INFORMATION Applicants for a position requiring a driver's license must provide the information below.

Complete the following information if you have a *VALID* driver's license:

License Number: _____ Expiration Date: _____ License Class: _____ Issued by State of: _____
(mm/dd/yy)

Are there any moving violations pending against you? (Circle One) YES NO

Are there any restrictions or endorsements on your license? (Circle One) YES NO

If you answer YES to either question, please explain: _____

Complete the following information if you have a *CURRENT* CDL:

CDL Endorsements: _____ CDL Expiration Date: _____ CDL Class: _____ CDL Restrictions: _____

F. CRIMINAL AND/OR CIVIL COURT RECORD Please write YES or NO and give details in response to the following questions.

Note: A conviction is NOT an automatic disqualification for employment.

Have you ever been convicted for other than minor traffic violations, fined, imprisoned, or placed on probation? _____

Is any case which has been filed against you currently pending? _____

If answering YES to either question, you must explain fully below by listing date and nature of **EACH** incident.

- | | |
|----------|--|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | If more space is needed, check here _____ and attach |
| 4. _____ | additional sheet(s). |
- (Please do not write below this line.)

G. DISMISSALS AND/OR FORCED RESIGNATIONS Please write YES or NO in response to the following questions.

Have you ever been dismissed from any position or asked to resign? _____ If answering YES to either question, please explain.

H. HOW DID YOU LEARN ABOUT THIS POSITION?

___ MTA Bulletin Board ___ Advertisement (What Paper?) _____ Other - Please specify: _____

CERTIFICATION

(Please read the following statement, sign, and date as appropriate.)

I certify that all information contained on this application and attachments is true and complete to the best of my knowledge and belief. I authorize the Maryland Transit Administration to contact all sources necessary to verify this information. **I understand that any erroneous, misleading, or fraudulent information is sufficient grounds for withdrawal of an offer of employment or immediate discharge.**

Signature of Applicant: _____ Date Signed: _____

SPECIAL NOTES

- 1) You must be legally authorized to work in the United States under the Immigration and Reform Control Act of 1986.
- 2) "Under Maryland law an employer may not require or demand any applicant for employment or an employee to submit to or take a polygraph lie detector, or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100." This provision does not apply to applicants for law enforcement officer positions pursuant to Article 100, Section 95, (a) (3) (Annotated Code of Maryland).
- 3) If you are offered an appointment to a position in the Maryland Transit Administration, you may be required to take a medical examination and drug and alcohol test.
- 4) The Amalgamated Transit Union, AFL-CIO, Local 1300, the Office and Professional Employees International Union, Local No. 2, AFL-CIO, the American Federation of State, County, and Municipal Employees, Council #67, and Local No. 1859 represent employees filling certain jobs within the MTA. If you are selected to fill a job covered by a Collective Bargaining Agreement with one of these unions, you are required to become a union member at the completion of your first 30-day period of employment.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

MTA does not discriminate based on age, ancestry, color, creed, gender identity or expression, genetic information, marital status, mental or physical disability, national origin, race, religion affiliation, belief or opinion, sex, or sexual orientation. Reasonable accommodations for persons with disabilities will be provided as requested.

=====TEAR OFF=====

VOLUNTARY INFORMATION

Applicants are requested to *VOLUNTARILY* provide this information for statistical purposes only; however, failure to do so will not affect your chances for employment.

Gender: ___ Male ___ Female Date of Birth: ___ - ___ - ___

Race/Ethnic Identification:

___ White (Non-Hispanic) ___ Hispanic ___ Asian/Pacific Islander
___ African American ___ Native American ___ Other: _____

Do you have a disability and/or physical or behavioral/mental illness: _____
If YES, please describe: _____ Date Completed: _____